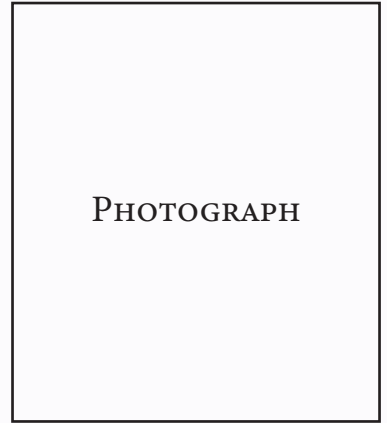




Skill Development Center

UNIVERSITY OF JHANG

APPLICATION FORM



1. Name of Course: _____
2. Name of Candidate: _____
3. Fathers/Husband Name: _____
4. Date of Birth: _____ 5. Gender: Male Female
6. Domicile: _____ 7. CNIC No: _____
8. Phone No: _____ 9. Cell No: _____
10. What'sapp No: _____ 11. Email: _____
12. Religion: _____ 13. Blood Group: _____ 14. Nationality: _____
15. Marital Status: _____ 16. Bank Challan Form: _____

17. Educational Qualifications:

S.No.	Degree/Examination	Year of Passing	University/Board	Class/Division	Specialization (if any)
1.					
2.					
3.					
4.					
5.					

18. Professional Qualifications (Certifications):

S.No.	Degree/Examination	Year of Passing	University/Board	Class/Division	Specialization (if any)
1.					
2.					

19. Experience:

S.No.	Name of Institution	Designation	Duration	Reuglar/ Temporary
1.				
2.				
3.				

20. Address:

- a. Postal Address: _____
b. Permanent Address: _____

Note:

- 1) Attach one photograph
- 2) Copy of CNIC / B-Form and CNIC copy of guardian,
- 3) Last academic degree

Signature of Candidate: _____